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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  
FY 2005

(fees effective on or after October 1, 2004)

Docket Number (Optional)

01780/100D144-US2

Application Number 09/887,978

Filed

June 22, 2001

For TEMPORARY VASCULAR FILTER GUIDE WIRE

Art Unit 3731

Examiner Michael H. Thaler

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	\$ 980.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$

- Applicant claims small entity status. See 37 CFR 1.27.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100. I have enclosed a duplicate copy of this sheet.

I am the  applicant/inventor.  
 assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
 attorney or agent of record. Registration Number 43,480  
 attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

Cheryl Milone Bab

Signature

November 12, 2004

Date

Cheryl Milone Bab

Typed or printed name

(212) 527-7700

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

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Express Mail Label No.

Dated: \_\_\_\_\_